

## 2009 Montana Partnership Information and Composite Tax Return

Attach a copy of federal Form 1065 and Schedule(s) K-1

For calendar year 2009 or tax year beginning (MM-DD) \_\_\_\_ - \_\_\_\_ - **09** and ending (MM-DD-YY) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name <b>Bridger Industrial Park LP</b>			FEIN: _____
Mailing Address <b>1276 N 15th Ave</b>			If new address, check here. <input type="checkbox"/>
			Federal Business Code: <b>531120</b>
City <b>Bozeman</b>	State <b>MT</b>	Zip + 4 <b>59715+0000</b>	Date Registered in Montana: <b>01/01/1995</b>
<input checked="" type="checkbox"/> I <b>do not</b> need the Montana Partnership Information Return and Instructions sent to me next year. <input type="checkbox"/> I am <b>requesting a refund</b> with this tax return.			

☐ Check if this is an initial return

☐ Check if this is a final return

Reason for final return:

☐ a. Withdrawn

☐ b. Dissolved

☐ c. Merged

☐ d. Reorganized

☐ Check if this is an amended return

If you check the box above, check below all the reasons for amending your return:

☐ a. Federal Revenue Agent Report (a complete copy of this report is required)

☐ b. Apportionment factor changes (attach a statement explaining adjustments)

☐ c. Amended federal return

☐ d. Amended composite return

☐ e. Other (attach a statement explaining all adjustments in detail)

### Partners' Distributive Share Items (Form 1065, Schedule K)

1. Ordinary business income (loss) .....	1.	
2. Net rental real estate income (loss) (attach federal Form 8825) .....	2.	489,880
3. a. Other gross rental income (loss) .....	3a.	
b. Expenses from other rental activities (attach schedule) .....	3b.	
c. Subtract line 3b from line 3a. <b>This is your other net rental income or loss.</b> .....	3c.	
4. Guaranteed payments .....	4.	
5. Interest income .....	5.	3,640
6. Ordinary dividends .....	6.	
7. Royalties .....	7.	
8. Net short-term capital gain (loss) (attach federal Schedule D, Form 1065) .....	8.	
9. Net long-term capital gain (loss) (attach federal Schedule D, Form 1065) .....	9.	
10. Net section 1231 gain (loss) (attach federal Form 4797) .....	10.	
11. Other income (loss) (attach detailed schedule) .....	11.	
12. Add lines 1 through 11 and enter result. <b>This is your total share of income or loss.</b> .....	12.	493,520

### Partners' Shares of Deduction (Form 1065, Schedule K)

13. Section 179 deduction (attach federal Form 4562) .....	13.	
14. a. Contributions .....	14a.	2,000
b. Investment interest expense .....	14b.	
c. Section 59(e)(2) expenditures. (attach detailed schedule) .....	14c.	
d. Other deductions (attach detailed schedule) .....	14d.	
15. Add lines 13 through 14d and enter result. <b>This is your total share of deductions.</b> .....	15.	2,000

### Partners' Distributive Shares of Montana Additions and Deductions to Income

16. a. Interest and dividends not taxable under the Internal Revenue Code (see instructions) .....	16a.	
b. Taxes based on income or profits .....	16b.	
c. Other additions (attach detailed breakdown) .....	16c.	
Add lines 16a, 16b, and 16c; enter result. <b>This is your total Montana additions to income.</b> .....	16.	
17. a. Interest on U.S. government obligations (attach schedule) .....	17a.	
b. Deduction for purchasing recycled material (attach Form RCYL) .....	17b.	
c. Other deductions (attach detailed breakdown) .....	17c.	
Add lines 17a, 17b, and 17c; enter result. <b>This is your total Montana deductions to income.</b> .....	17.	
18. Subtract line 15 from line 12. Add the result to line 16, then subtract line 17 from that result. <b>This is your net taxable income (loss).</b> .....	18.	491,520

### Partners' Distributive Shares of Multistate Apportionment and Allocation

19. Income apportioned to Montana. Multiply line 18 X _____ % from Schedule I, line 5; enter the result ....	19.	
20. Income allocated to Montana. Enter the income or loss allocated directly to Montana (see instructions) .....	20.	
21. Add lines 19 and 20; enter result. <b>This is the total Montana source income for multistate taxpayers.</b> .....	21.	

Entity name Bridger Industrial Park Tax period ending 12-31-2008 FEIN \_\_\_\_\_**Calculation of Amount Owed or Refund****Partnership Composite Return Tax**22. Enter your Montana total composite tax from Schedule III, column F .....22. **Partner Backup Withholding**23. Enter the amount of total partner withholding from Schedule III, column G .....23. **Partnership Montana Mineral Royalty Tax Withheld**

24. a. Total Montana mineral royalty tax withheld as reported on federal Form(s) 1099... 24a.

b. Mineral royalty tax withheld attributable to Montana residents ..... 24b.

c. Mineral royalty tax withheld attributable to nonresidents not reporting on Schedule IV ..... 24c.

d. Add lines 24b and 24c. This is the total mineral royalty tax withheld reported by partners on their income tax returns ..... 24d.

e. Subtract line 24d from 24a. This is the mineral royalty tax withheld attributable to nonresidents reporting on Schedule IV ..... 24e.

**Return Payments**

25. a. 2008 overpayment applied to 2009 ..... 25a.

b. 2009 estimated payments ..... 25b.

c. 2009 extension payment ..... 25c.

d. Montana income tax withheld. Attach Form PT-WH ..... 25d.

e. For amended returns only—payments made with original return (see instructions) 25e.

f. For amended returns only—previously issued refunds (see instructions) ..... 25f.

g. Add lines 25a through 25e, then subtract line 25f and enter the result here. **This is your total return payments.** ..... 25g.

26. Add lines 22 and 23, then subtract lines 24e and 25g. **This is your amount due or (overpaid).** ..... 26.

**Penalties and Interest (see instructions)**

27. a. Partnership information return late filing penalty ..... 27a.

b. Interest on underpayment of estimated composite tax ..... 27b.

c. Composite income tax return late filing penalty ..... 27c.

d. Late payment penalty ..... 27d.

e. Interest ..... 27e.

f. Add lines 27a through 27e. **This is your total penalties and interest.** ..... 27f.

**Amount Owed or Refund**

28. Add lines 26 and 27f, enter the result here ..... 28.


29. If line 28 results in an amount due, enter it here. **This is the amount you owe.** ..... 29.

30. If line 28 results in an overpayment, enter it here. **This is your overpayment.** ..... 30.

31. Enter the amount from line 30 you want applied to your 2010 composite estimated tax .. 31.

32. Subtract line 31 from line 30 and enter the amount here. **This is your refund.** ..... 32.

For Direct Deposit of your refund, complete 1, 2, 3, and 4. Please see instructions on page 8.	1. RTN# <input type="text"/>	2. ACCT# <input type="text"/>
	3. If using direct deposit, you are required to mark one box. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	4. Is this refund going to an account that is located outside of the United States or its territories? <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Name, address and telephone number of paid preparer	<input type="checkbox"/> Check this box and attach a copy of your federal Form 7004 to receive your Montana extension.
	SSN, FEIN or PTIN:	

May the DOR discuss this tax return with your tax preparer? ☒ Yes ☐ No

This tax return has to be signed by a general partner or limited liability company member.

**Declaration**

I, the undersigned general partner or limited liability company member of the partnership for which this tax return is made, hereby declare that this tax return, including all accompanying schedules and statements, is to the best of my knowledge and belief a true, correct and complete return, made in good faith for the income period stated, pursuant to the Montana statutes and regulations.

Signature of general partner or LLC member manager	Date	Printed name and title	Telephone number
X			

Questions? Call us toll free at (866) 859-2254 (in Helena, 444-6900), or TDD (406) 444-2830 for hearing impaired.

Schedule III

Entity name BRIDGER INDUSTRIAL PARK LP Tax period ending 12-31-2008 FEIN

Montana Partnership Information

Summary Schedule of Income and Supplemental Information

Section A: Resident Partners

A		B	C	D
Name Street Address City   State   Zip Code	Identification Number	Ownership %	Income (See Instructions)	
1. GENE COOK	SSN	48%	235,930	
1276 N 15TH AVENUE	FEIN			
BOZEMAN, MT 59715				
2. CARL LEHRKIND	SSN	16%	78,642	
PO BOX 10580	FEIN			
BOZEMAN, MT 59715				
3. LORI FILIPPINI	SSN	8%	39,322	
308 PRICE ROAD	FEIN			
THREE FORKS, MT 59752				
4. VINCENT FILIPPINI	SSN	8%	39,322	
308 PRICE ROAD	FEIN			
THREE FORKS, MT 59752				
Section A Totals		80%		

Partner Withholding: ☐ yes ☒ no

Composite Income Tax: ☐ yes ☒ no

Number of Resident Partners	8
Number of Nonresident Partners	
Total Number of Partners	8

Section B: Nonresident Individual Partners or Second Tier Pass-Through Entity Partners

A		B	C	D	E	F	G	H
Name Street Address City   State   Zip Code		Identification Number SSN/FEIN	Ownership %	Montana Source Income (See Instructions)	Federal Income from Entity (from federal Schedule K-1)	Composite Income Tax (from Schedule IV, column J)	Partner Withholding (from Schedule V, column D or E)	Consent Agreement (year)
1.		SSN						
		FEIN						
2.		SSN						
		FEIN						
3.		SSN						
		FEIN						
Section B Totals								
Total of Sections A and B, column C only			100%					

Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

Schedule III - Form PR-1, page 5

Entity name Bridger Industrial Park LP Tax period ending 12-31-2008 FEIN

Montana Partnership Information  
Summary Schedule of Income and Supplemental Information

Section A: Resident Partners

A		B	C	D
Name	Street Address or P O Box City   State   Zip Code	Identification Number SSN/FEIN	Ownership %	Montana Source Income (see instructions)
1. Lisa Edwards				
3622 Fieldstone Dr				
Bozeman, MT 59715				
2. Lance Edwards	SSN		8%	39,321
3622 Fieldstone Dr	FEIN			
Bozeman, MT 59715				
3. G&M Enterprises,LLC	SSN		2%	9,831
1276 N 15th Ave	FEIN			
Bozeman, MT 59715				
4. Lehrkind Properties,LLP	SSN		2%	9,830
PO Box 10580	FEIN			
Bozeman, MT 59719				
Section A Totals			20%	

Partner Withholding: ☐ yes ☒ no  
Composite Income Tax: ☐ yes ☒ no

Number of Resident Partners	8
Number of Nonresident Partners	
Total Number of Partners	8

Section B: Nonresident Individual Partners or Second Tier Pass-Through Entity Partners

A		B	C	D	E	F	G	H
Name	Identification Number	Ownership	Montana Source	Federal Income	Composite Income	Partner Withholding	Consent	
Street Address or P O Box	SSN/FEIN	%	Income	from Entity (from	Tax (from Schedule	(see instructions)	Agreement	
City   State   Zip Code			(see instructions)	federal Schedule K-1)	IV, column J)		(year)	
1.	SSN							
	FEIN							
2.	SSN							
	FEIN							
3.	SSN							
	FEIN							
Section B Totals								
Total of Sections A and B, column C only		100%						

For each nonresident partner, complete ONLY one of these three columns: F, G or H. Please refer to the instructions for Schedule III

Transfer the total from Column F to Form PR-1, page 2, line 22.  
Transfer the total from Column G to Form PR-1, page 2, line 23.  
Use additional sheets if necessary or you may use a document formatted similarly to Schedule III as a substitute.

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>													
<b>B</b> Partner's/shareholder's name and mailing address Gene Cook 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	<b>E</b> Shareholder's percentage of stock ownership _____ %													
	<b>F</b> Partner's:	<table border="1"><thead><tr><th></th><th>Beginning</th><th>Ending</th></tr></thead><tbody><tr><td>Profit</td><td>48.0000000 %</td><td>48.0000000 %</td></tr><tr><td>Loss</td><td>48.0000000 %</td><td>48.0000000 %</td></tr><tr><td>Capital</td><td>48.0000000 %</td><td>48.0000000 %</td></tr></tbody></table>		Beginning	Ending	Profit	48.0000000 %	48.0000000 %	Loss	48.0000000 %	48.0000000 %	Capital	48.0000000 %	48.0000000 %
		Beginning	Ending											
Profit	48.0000000 %	48.0000000 %												
Loss	48.0000000 %	48.0000000 %												
Capital	48.0000000 %	48.0000000 %												
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>														

## Part 3 - All Partners/Shareholders--Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	235,930	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.	_____	
2. Taxes based on income or profits .....	B2.	_____	
3. Other additions. List type _____ and amount .....	B3.	_____	
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.	_____	
2. Deduction for purchasing recycled material .....	C2.	_____	
3. Other subtractions. List type _____ and amount .....	C3.	_____	
<b>D</b> Multistate pass-through entities			
1. Apportioned income. Income apportioned to Montana .....	D1.	_____	Information only; see instructions
2. Allocable income. Income allocated to Montana. List type _____ and amount .....	D2.	_____	Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.	_____	Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only--Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	48 %	Information only; see instructions
2. Ordinary business income (loss) .....	2.	_____	
3. Net rental real estate income (loss) .....	3.	235,143	
4. Other net rental income (loss) .....	4.	_____	
5. Guaranteed payments .....	5.	_____	
6. Interest income .....	6.	1,747	
7. Ordinary dividends .....	7.	_____	
8. Royalties .....	8.	_____	
9. Net short-term capital gain (loss) .....	9.	_____	
10. Net long-term capital gain (loss) .....	10.	_____	
11. Net section 1231 gain (loss) .....	11.	_____	
12. Other income (loss). List type _____ and amount .....	12.	_____	
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.	_____	
14. Montana income tax withheld on behalf of partner/shareholder .....	14.	_____	

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	_____	
2. Film Production Credit expenses .....	2.	_____	
3. Mineral royalties tax withholding .....	3.	_____	
4. Other information. List type _____ and amount .....	4.	_____	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	_____	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	_____	
3. Contractor's gross receipts tax credit .....	3.	_____	
4. Other credit/recapture information. List type _____ and amount .....	4.	_____	

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Carl Lehrkind, IV PO Box 10580 Bozeman, MT 59719-0580	<b>E</b> Shareholder's percentage of stock ownership _____ %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	16.0000000 %	16.0000000 %
	Loss	16.0000000 %	16.0000000 %
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	Capital	16.0000000 %	16.0000000 %

## Part 3 - All Partners/Shareholders-Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	78,642	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.		
2. Taxes based on income or profits .....	B2.		
3. Other additions. List type _____ and amount .....	B3.		
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.		
2. Deduction for purchasing recycled material .....	C2.		
3. Other subtractions. List type _____ and amount .....	C3.		
<b>D</b> Multistate pass-through entities			
1. Apportioned income. Income apportioned to Montana .....	D1.		Information only; see instructions
2. Allocable income. Income allocated to Montana. List type _____ and amount .....	D2.		Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.		Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	16%	Information only; see instructions
2. Ordinary business income (loss) .....	2.		
3. Net rental real estate income (loss) .....	3.	78,380	
4. Other net rental income (loss) .....	4.		
5. Guaranteed payments .....	5.		
6. Interest income .....	6.	582	
7. Ordinary dividends .....	7.		
8. Royalties .....	8.		
9. Net short-term capital gain (loss) .....	9.		
10. Net long-term capital gain (loss) .....	10.		
11. Net section 1231 gain (loss) .....	11.		
12. Other income (loss). List type _____ and amount .....	12.		
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.		
14. Montana income tax withheld on behalf of partner/shareholder .....	14.		

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	
2. Film Production Credit expenses .....	2.	
3. Mineral royalties tax withholding .....	3.	
4. Other information. List type _____ and amount .....	4.	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	
3. Contractor's gross receipts tax credit .....	3.	
4. Other credit/recapture information. List type _____ and amount .....	4.	

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Lori Filippini 308 Price Road Three Forks, MT 59715			
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>E</b> Shareholder's percentage of stock ownership _____ %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	8.0000000 %	8.0000000 %
	Loss	8.0000000 %	8.0000000 %
	Capital	8.0000000 %	8.0000000 %

## Part 3 - All Partners/Shareholders-Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	A.	39,322	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	B1.		
2. Taxes based on income or profits .....	B2.		
3. Other additions. List type _____ and amount .....	B3.		
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	C1.		
2. Deduction for purchasing recycled material .....	C2.		
3. Other subtractions. List type _____ and amount .....	C3.		
<b>D</b> Multistate pass-through entities			
1. Apportioned income. Income apportioned to Montana .....	D1.		Information only; see instructions
2. Allocable income. Income allocated to Montana. List type _____ and amount .....	D2.		Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	E.		Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	8 %	Information only; see instructions
2. Ordinary business income (loss) .....	2.		
3. Net rental real estate income (loss) .....	3.	39,191	
4. Other net rental income (loss) .....	4.		
5. Guaranteed payments .....	5.		
6. Interest income .....	6.	291	
7. Ordinary dividends .....	7.		
8. Royalties .....	8.		
9. Net short-term capital gain (loss) .....	9.		
10. Net long-term capital gain (loss) .....	10.		
11. Net section 1231 gain (loss) .....	11.		
12. Other income (loss). List type _____ and amount .....	12.		
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.		
14. Montana income tax withheld on behalf of partner/shareholder .....	14.		

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	
2. Film Production Credit expenses .....	2.	
3. Mineral royalties tax withholding .....	3.	
4. Other information. List type _____ and amount .....	4.	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	
3. Contractor's gross receipts tax credit .....	3.	
4. Other credit/recapture information. List type _____ and amount .....	4.	

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Vincent Filippini 308 Price Road Three Forks, MT 59752	<b>E</b> Shareholder's percentage of stock ownership _____ %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	8.0000000 %	8.0000000 %
	Loss	8.0000000 %	8.0000000 %
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	Capital	8.0000000 %	8.0000000 %

## Part 3 - All Partners/Shareholders--Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	<b>A.</b>	39,322	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	<b>B1.</b>		
2. Taxes based on income or profits .....	<b>B2.</b>		
3. Other additions. List type _____ and amount .....	<b>B3.</b>		
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	<b>C1.</b>		
2. Deduction for purchasing recycled material .....	<b>C2.</b>		
3. Other subtractions. List type _____ and amount .....	<b>C3.</b>		
<b>D</b> Multistate pass-through entities			

1. <b>Apportioned income.</b> Income apportioned to Montana .....	<b>D1.</b>		Information only; see instructions
2. <b>Allocable income.</b> Income allocated to Montana. List type _____ and amount .....	<b>D2.</b>		Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	<b>E.</b>		Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only--Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	8 %	Information only; see instructions
2. Ordinary business income (loss) .....	2.		
3. Net rental real estate income (loss) .....	3.	39,190	
4. Other net rental income (loss) .....	4.		
5. Guaranteed payments .....	5.		
6. Interest income .....	6.	292	
7. Ordinary dividends .....	7.		
8. Royalties .....	8.		
9. Net short-term capital gain (loss) .....	9.		
10. Net long-term capital gain (loss) .....	10.		
11. Net section 1231 gain (loss) .....	11.		
12. Other income (loss). List type _____ and amount .....	12.		
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.		
14. Montana income tax withheld on behalf of partner/shareholder .....	14.		

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	
2. Film Production Credit expenses .....	2.	
3. Mineral royalties tax withholding .....	3.	
4. Other information. List type _____ and amount .....	4.	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	
3. Contractor's gross receipts tax credit .....	3.	
4. Other credit/recapture information. List type _____ and amount .....	4.	



# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Lisa Edwards 3622 Fieldstone Drive West Bozeman, MT 59715	<b>E</b> Shareholder's percentage of stock ownership _____ %		
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>F</b> Partner's:	Beginning	Ending
	Profit	8.0000000 %	8.0000000 %
	Loss	8.0000000 %	8.0000000 %
	Capital	8.0000000 %	8.0000000 %

## Part 3 - All Partners/Shareholders-Montana Adjustments

**A Federal Schedule K-1 income (loss) minus deductions** ..... A. 39,322 Information only; see instructions.

**B Montana additions to income**

1. Federally tax-exempt interest ..... B1. \_\_\_\_\_

2. Taxes based on income or profits ..... B2. \_\_\_\_\_

3. Other additions. List type \_\_\_\_\_ and amount ..... B3. \_\_\_\_\_

**C Montana subtractions from income**

1. Interest from U.S. Treasury obligations ..... C1. \_\_\_\_\_

2. Deduction for purchasing recycled material ..... C2. \_\_\_\_\_

3. Other subtractions. List type \_\_\_\_\_ and amount ..... C3. \_\_\_\_\_

**D Multistate pass-through entities**

1. **Apportioned income.** Income apportioned to Montana ..... D1. \_\_\_\_\_ Information only; see instructions

2. **Allocable income.** Income allocated to Montana. List type \_\_\_\_\_ and amount... D2. \_\_\_\_\_ Information only; see instructions

**E Total income taxable to partner/shareholder** ..... E. \_\_\_\_\_ Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage ..... 1. 8 % Information only; see instructions

2. Ordinary business income (loss) ..... 2. \_\_\_\_\_

3. Net rental real estate income (loss) ..... 3. 39,191

4. Other net rental income (loss) ..... 4. \_\_\_\_\_

5. Guaranteed payments ..... 5. \_\_\_\_\_

6. Interest income ..... 6. 291

7. Ordinary dividends ..... 7. \_\_\_\_\_

8. Royalties ..... 8. \_\_\_\_\_

9. Net short-term capital gain (loss) ..... 9. \_\_\_\_\_

10. Net long-term capital gain (loss) ..... 10. \_\_\_\_\_

11. Net section 1231 gain (loss) ..... 11. \_\_\_\_\_

12. Other income (loss). List type \_\_\_\_\_ and amount ..... 12. \_\_\_\_\_

13. Montana composite income tax paid on behalf of partner/shareholder ..... 13. \_\_\_\_\_

14. Montana income tax withheld on behalf of partner/shareholder ..... 14. \_\_\_\_\_

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses ..... 1. \_\_\_\_\_

2. Film Production Credit expenses ..... 2. \_\_\_\_\_

3. Mineral royalties tax withholding ..... 3. \_\_\_\_\_

4. Other information. List type \_\_\_\_\_ and amount ..... 4. \_\_\_\_\_

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN ..... 1. \_\_\_\_\_

2. Health insurance for uninsured Montanans credit (Form HI) ..... 2. \_\_\_\_\_

3. Contractor's gross receipts tax credit ..... 3. \_\_\_\_\_

4. Other credit/recapture information. List type \_\_\_\_\_ and amount... 4. \_\_\_\_\_

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Lance Edwards 3622 Fieldstone Drive West Bozeman, MT 59715	<b>E</b> Shareholder's percentage of stock ownership _____ %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	8.0000000 %	8.0000000 %
	Loss	8.0000000 %	8.0000000 %
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	Capital	8.0000000 %	8.0000000 %

## Part 3 - All Partners/Shareholders-Montana Adjustments

**A** Federal Schedule K-1 income (loss) minus deductions ..... A. 39,321 Information only; see instructions.

**B** Montana additions to income

1. Federally tax-exempt interest ..... B1. \_\_\_\_\_

2. Taxes based on income or profits ..... B2. \_\_\_\_\_

3. Other additions. List type \_\_\_\_\_ and amount ..... B3. \_\_\_\_\_

**C** Montana subtractions from income

1. Interest from U.S. Treasury obligations ..... C1. \_\_\_\_\_

2. Deduction for purchasing recycled material ..... C2. \_\_\_\_\_

3. Other subtractions. List type \_\_\_\_\_ and amount ..... C3. \_\_\_\_\_

**D** Multistate pass-through entities

1. Apportioned income. Income apportioned to Montana ..... D1. \_\_\_\_\_ Information only; see instructions

2. Allocable income. Income allocated to Montana. List type \_\_\_\_\_ and amount... D2. \_\_\_\_\_ Information only; see instructions

**E** Total income taxable to partner/shareholder ..... E. \_\_\_\_\_ Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage ..... 1. 8 % Information only; see instructions

2. Ordinary business income (loss) ..... 2. \_\_\_\_\_

3. Net rental real estate income (loss) ..... 3. 39,190

4. Other net rental income (loss) ..... 4. \_\_\_\_\_

5. Guaranteed payments ..... 5. \_\_\_\_\_

6. Interest income ..... 6. 291

7. Ordinary dividends ..... 7. \_\_\_\_\_

8. Royalties ..... 8. \_\_\_\_\_

9. Net short-term capital gain (loss) ..... 9. \_\_\_\_\_

10. Net long-term capital gain (loss) ..... 10. \_\_\_\_\_

11. Net section 1231 gain (loss) ..... 11. \_\_\_\_\_

12. Other income (loss). List type \_\_\_\_\_ and amount ..... 12. \_\_\_\_\_

13. Montana composite income tax paid on behalf of partner/shareholder ..... 13. \_\_\_\_\_

14. Montana income tax withheld on behalf of partner/shareholder ..... 14. \_\_\_\_\_

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses ..... 1. \_\_\_\_\_

2. Film Production Credit expenses ..... 2. \_\_\_\_\_

3. Mineral royalties tax withholding ..... 3. \_\_\_\_\_

4. Other information. List type \_\_\_\_\_ and amount ..... 4. \_\_\_\_\_

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN ..... 1. \_\_\_\_\_

2. Health insurance for uninsured Montanans credit (Form HI) ..... 2. \_\_\_\_\_

3. Contractor's gross receipts tax credit ..... 3. \_\_\_\_\_

4. Other credit/recapture information. List type \_\_\_\_\_ and amount... 4. \_\_\_\_\_

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address G & M Enterprises, LLC 1276 N 15th Ave, Suite 103 Bozeman, MT 59715	<b>E</b> Shareholder's percentage of stock ownership _____ %		
	<b>F</b> Partner's:	Beginning	Ending
	Profit	2.00000000 %	2.00000000 %
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	Loss	2.00000000 %	2.00000000 %
	Capital	2.00000000 %	2.00000000 %

## Part 3 - All Partners/Shareholders-Montana Adjustments

**A** Federal Schedule K-1 income (loss) minus deductions ..... A. 9,831 Information only; see instructions.

**B** Montana additions to income

1. Federally tax-exempt interest ..... B1. \_\_\_\_\_

2. Taxes based on income or profits ..... B2. \_\_\_\_\_

3. Other additions. List type \_\_\_\_\_ and amount ..... B3. \_\_\_\_\_

**C** Montana subtractions from income

1. Interest from U.S. Treasury obligations ..... C1. \_\_\_\_\_

2. Deduction for purchasing recycled material ..... C2. \_\_\_\_\_

3. Other subtractions. List type \_\_\_\_\_ and amount ..... C3. \_\_\_\_\_

**D** Multistate pass-through entities

1. Apportioned income. Income apportioned to Montana ..... D1. \_\_\_\_\_ Information only; see instructions

2. Allocable income. Income allocated to Montana. List type \_\_\_\_\_ and amount... D2. \_\_\_\_\_ Information only; see instructions

**E** Total income taxable to partner/shareholder ..... E. \_\_\_\_\_ Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage ..... 1. 2 % Information only; see instructions

2. Ordinary business income (loss) ..... 2. \_\_\_\_\_

3. Net rental real estate income (loss) ..... 3. 9,798

4. Other net rental income (loss) ..... 4. \_\_\_\_\_

5. Guaranteed payments ..... 5. \_\_\_\_\_

6. Interest income ..... 6. 73

7. Ordinary dividends ..... 7. \_\_\_\_\_

8. Royalties ..... 8. \_\_\_\_\_

9. Net short-term capital gain (loss) ..... 9. \_\_\_\_\_

10. Net long-term capital gain (loss) ..... 10. \_\_\_\_\_

11. Net section 1231 gain (loss) ..... 11. \_\_\_\_\_

12. Other income (loss). List type \_\_\_\_\_ and amount ..... 12. \_\_\_\_\_

13. Montana composite income tax paid on behalf of partner/shareholder ..... 13. \_\_\_\_\_

14. Montana income tax withheld on behalf of partner/shareholder ..... 14. \_\_\_\_\_

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses ..... 1. \_\_\_\_\_

2. Film Production Credit expenses ..... 2. \_\_\_\_\_

3. Mineral royalties tax withholding ..... 3. \_\_\_\_\_

4. Other information. List type \_\_\_\_\_ and amount ..... 4. \_\_\_\_\_

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN ..... 1. \_\_\_\_\_

2. Health insurance for uninsured Montanans credit (Form HI) ..... 2. \_\_\_\_\_

3. Contractor's gross receipts tax credit ..... 3. \_\_\_\_\_

4. Other credit/recapture information. List type \_\_\_\_\_ and amount... 4. \_\_\_\_\_

# Montana Schedule K-1

(CLT-4S and PR-1)

Partner's/Shareholder's Share of Income (Loss), Deductions, Credits, etc.

For the year January 1 - December 31, 2009, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

## Part 1 - Pass-Through Entity Information

<b>A</b> Entity's federal employer identification number (FEIN) _____	<b>Check applicable boxes:</b> <input type="checkbox"/> Form CLT-4S <input type="checkbox"/> Amended K-1 <input checked="" type="checkbox"/> Form PR-1 <input type="checkbox"/> Final K-1
<b>B</b> Entity's name and mailing address Bridger Industrial Park, LP 1276 N 15th Ave, Suite 13 Bozeman, MT 59715	
<b>C</b> <input type="checkbox"/> Check this box if this is a publicly traded partnership.	

## Part 2 - Partner/Shareholder Information

<b>A</b> Partner's/shareholder's identifying number (SSN/FEIN) _____	<b>D</b> Check this box if partner/shareholder is a nonresident: <input type="checkbox"/> If a nonresident, please check this box if a Montana Form PT-AGR, nonresident agreement has been filed for partner/shareholder <input type="checkbox"/>		
<b>B</b> Partner's/shareholder's name and mailing address Lehrkind Properties, LLP PO Box 10580 Bozeman, MT 59719	<b>E</b> Shareholder's percentage of stock ownership _____ %		
<b>C</b> What type of entity is this partner/shareholder? <u>Individual</u>	<b>F</b> Partner's:	Beginning	Ending
	Profit	2.00000000 %	2.00000000 %
	Loss	2.00000000 %	2.00000000 %
	Capital	2.00000000 %	2.00000000 %

## Part 3 - All Partners/Shareholders-Montana Adjustments

<b>A</b> Federal Schedule K-1 income (loss) minus deductions .....	<b>A.</b>	9,830	Information only; see instructions.
<b>B</b> Montana additions to income			
1. Federally tax-exempt interest .....	<b>B1.</b>		
2. Taxes based on income or profits .....	<b>B2.</b>		
3. Other additions. List type _____ and amount .....	<b>B3.</b>		
<b>C</b> Montana subtractions from income			
1. Interest from U.S. Treasury obligations .....	<b>C1.</b>		
2. Deduction for purchasing recycled material .....	<b>C2.</b>		
3. Other subtractions. List type _____ and amount .....	<b>C3.</b>		
<b>D</b> Multistate pass-through entities			

1. Apportioned income. Income apportioned to Montana .....	<b>D1.</b>		Information only; see instructions
2. Allocable income. Income allocated to Montana. List type _____ and amount .....	<b>D2.</b>		Information only; see instructions
<b>E</b> Total income taxable to partner/shareholder .....	<b>E.</b>		Information only; see instructions

## Part 4 - Nonresident Individual, Estate or Trust Beneficiary Only-Montana Source Income (Loss)

1. Montana apportionment percentage .....	1.	2 %	Information only; see instructions
2. Ordinary business income (loss) .....	2.		
3. Net rental real estate income (loss) .....	3.	9,797	
4. Other net rental income (loss) .....	4.		
5. Guaranteed payments .....	5.		
6. Interest income .....	6.	73	
7. Ordinary dividends .....	7.		
8. Royalties .....	8.		
9. Net short-term capital gain (loss) .....	9.		
10. Net long-term capital gain (loss) .....	10.		
11. Net section 1231 gain (loss) .....	11.		
12. Other income (loss). List type _____ and amount .....	12.		
13. Montana composite income tax paid on behalf of partner/shareholder .....	13.		
14. Montana income tax withheld on behalf of partner/shareholder .....	14.		

## Part 5 - Supplemental Information

1. Premiums for Insure Montana Small Business Health Insurance credit expenses .....	1.	
2. Film Production Credit expenses .....	2.	
3. Mineral royalties tax withholding .....	3.	
4. Other information. List type _____ and amount .....	4.	

## Part 6 - Montana Tax Credits and Recapture (If Applicable)

1. Insure Montana Small Business Health Insurance credit. Business FEIN .....	1.	
2. Health insurance for uninsured Montanans credit (Form HI) .....	2.	
3. Contractor's gross receipts tax credit .....	3.	
4. Other credit/recapture information. List type _____ and amount .....	4.	

Form <b>1065</b> Department of the Treasury Internal Revenue Service	<b>U.S. Return of Partnership Income</b> For calendar year 2009, or tax year beginning _____, 2009, ending _____, 20 ▶ See separate instructions.	OMB No. 1545-0099 <b>2009</b>
<b>A</b> Principal business activity <b>Rental</b>	<b>Use the IRS label. Otherwise, print or type.</b> Name of partnership <b>Bridger Industrial Park Lp</b> Number, street, and room or suite no. If a P.O. box, see the instructions. <b>1276 N 15th Ave</b> City or town, state, and ZIP code <b>Bozeman, MT 59715</b>	<b>D</b> Employer identification number
<b>B</b> Principal product or service <b>Real Estate</b>		<b>E</b> Date business started <b>01/01/1995</b>
<b>C</b> Business code number <b>531120</b>		<b>F</b> Total assets (see the instructions) \$ <b>2,631,205</b>

- G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return  
(6) ☐ Technical termination - also check (1) or (2)
- H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶ \_\_\_\_\_
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ \_\_\_\_\_
- J** Check if Schedules C and M-3 are attached ☐

**Caution.** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>		<b>1c</b>	
	<b>b</b> Less returns and allowances	<b>1b</b>			
	<b>2</b> Cost of goods sold (Schedule A, line 8)			<b>2</b>	
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b>	
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>	
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>	
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>	
	<b>7</b> Other income (loss) (attach statement)			<b>7</b>	
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7			<b>8</b>		
<b>Deductions</b> (see the instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b>	
	<b>10</b> Guaranteed payments to partners			<b>10</b>	
	<b>11</b> Repairs and maintenance			<b>11</b>	
	<b>12</b> Bad debts			<b>12</b>	
	<b>13</b> Rent			<b>13</b>	
	<b>14</b> Taxes and licenses			<b>14</b>	
	<b>15</b> Interest			<b>15</b>	
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>			
	<b>b</b> Less depreciation reported on Schedule A and elsewhere on return	<b>16b</b>		<b>16c</b>	
	<b>17</b> Depletion (Do not deduct oil and gas depletion.)			<b>17</b>	
	<b>18</b> Retirement plans, etc.			<b>18</b>	
	<b>19</b> Employee benefit programs			<b>19</b>	
	<b>20</b> Other deductions (attach statement)			<b>20</b>	
	<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20.			<b>21</b>	
<b>22</b> <b>Ordinary business income (loss).</b> Subtract line 21 from line 8			<b>22</b>	<b>0.00</b>	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		
	Signature of general partner or limited liability company member manager	Date	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	Check if self-employed <input type="checkbox"/>	EIN
			Phone no.

**Schedule A Cost of Goods Sold** (see the instructions)

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>		
<b>2</b>	Purchases less cost of items withdrawn for personal use . . . . .	<b>2</b>		
<b>3</b>	Cost of labor . . . . .	<b>3</b>		
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>		
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>		
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>		
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>		
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2 . . . . .	<b>8</b>		

**9a** Check all methods used for valuing closing inventory:

(i) ☐ Cost as described in Regulations section 1.471-3

(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4

(iii) ☐ Other (specify method used and attach explanation) ▶

**b** Check this box if there was a writedown of "subnormal" goods as described in Regulations section 1.471-2(c) . . . ▶ ☐

**c** Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . ▶ ☐

**d** Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? . . . ☐ Yes ☐ No

**e** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? . . ☐ Yes ☐ No

If "Yes," attach explanation.

**Schedule B Other Information**

<b>1</b>	What type of entity is filing this return? Check the applicable box:	<b>Yes</b>	<b>No</b>
<b>a</b>	<input type="checkbox"/> Domestic general partnership		
<b>b</b>	<input checked="" type="checkbox"/> Domestic limited partnership		
<b>c</b>	<input type="checkbox"/> Domestic limited liability company		
<b>d</b>	<input type="checkbox"/> Domestic limited liability partnership		
<b>e</b>	<input type="checkbox"/> Foreign partnership		
<b>f</b>	<input type="checkbox"/> Other ▶		
<b>2</b>	At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? . . . . .	✓	
<b>3</b>	At the end of the tax year:		
<b>a</b>	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership . . . . .		✓
<b>b</b>	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership . . . . .		✓
<b>4</b>	At the end of the tax year, did the partnership:		
<b>a</b>	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below . . . . .		✓

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

<b>b</b>	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .	<b>Yes</b>	<b>No</b>
			✓

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	Yes	No
<b>5</b> Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details . . . . .		✓
<b>6</b> Does the partnership satisfy <b>all four</b> of the following conditions? <b>a</b> The partnership's total receipts for the tax year were less than \$250,000. <b>b</b> The partnership's total assets at the end of the tax year were less than \$1 million. <b>c</b> Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. <b>d</b> The partnership is not filing and is not required to file Schedule M-3 . . . . . If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		✓
<b>7</b> Is this partnership a publicly traded partnership as defined in section 469(k)(2)? . . . . .		✓
<b>8</b> During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .		✓
<b>9</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .		✓
<b>10</b> At any time during calendar year 2009, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ► . . . . .		✓
<b>11</b> At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions . . . . .		✓
<b>12a</b> Is the partnership making, or had it previously made (and not revoked), a section 754 election? . . . . . See instructions for details regarding a section 754 election.		✓
<b>b</b> Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		✓
<b>c</b> Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions.		✓
<b>13</b> Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) . . . . . ► <input type="checkbox"/>		
<b>14</b> At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		✓
<b>15</b> If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ► . . . . .		
<b>16</b> Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ► . . . . .		✓
<b>17</b> Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ► . . . . .		

**Designation of Tax Matters Partner** (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ►	Identifying number of TMP ►
If the TMP is an entity, name of TMP representative ►	Phone number of TMP ►
Address of designated TMP ►	

Schedule K		Partners' Distributive Share Items		Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1		
	2	Net rental real estate income (loss) (attach Form 8825)	2	489,880	
	3a	Other gross rental income (loss)	3a		
	b	Expenses from other rental activities (attach statement)	3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c		
	4	Guaranteed payments	4		
	5	Interest income	5	3,640	
	6	Dividends: a Ordinary dividends	6a		
	b	Qualified dividends	6b		
	7	Royalties	7		
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8		
Deductions	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
	b	Collectibles (28%) gain (loss)	9b		
	c	Unrecaptured section 1250 gain (attach statement)	9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11	Other income (loss) (see instructions) Type ▶	11		
	12	Section 179 deduction (attach Form 4562)	12		
	13a	Contributions	13a	2,000	
	b	Investment interest expense	13b		
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)		
	d	Other deductions (see instructions) Type ▶	13d		
	Self-Employment	14a	Net earnings (loss) from self-employment	14a	
b		Gross farming or fishing income	14b		
c		Gross nonfarm income	14c		
Credits	15a	Low-income housing credit (section 42(j)(5))	15a		
	b	Low-income housing credit (other)	15b		
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
	d	Other rental real estate credits (see instructions) Type ▶	15d		
	e	Other rental credits (see instructions) Type ▶	15e		
	f	Other credits (see instructions) Type ▶	15f		
Foreign Transactions	16a	Name of country or U.S. possession ▶			
	b	Gross income from all sources	16b		
	c	Gross income sourced at partner level	16c		
	d	Foreign gross income sourced at partnership level			
	e	Passive category ▶ General category ▶ f Other ▶	16f		
	g	Deductions allocated and apportioned at partner level			
	h	Interest expense ▶ h Other ▶	16h		
	i	Deductions allocated and apportioned at partnership level to foreign source income			
	j	Passive category ▶ j General category ▶ k Other ▶	16k		
	l	Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/> k Other ▶	16l		
	m	Reduction in taxes available for credit (attach statement)	16m		
Alternative Minimum Tax (AMT) Items	n	Other foreign tax information (attach statement)			
	17a	Post-1986 depreciation adjustment	17a	2,929	
	b	Adjusted gain or loss	17b		
	c	Depletion (other than oil and gas)	17c		
	d	Oil, gas, and geothermal properties—gross income	17d		
	e	Oil, gas, and geothermal properties—deductions	17e		
Other Information	f	Other AMT items (attach statement)	17f		
	18a	Tax-exempt interest income	18a		
	b	Other tax-exempt income	18b		
	c	Nondeductible expenses	18c	22,872	
	19a	Distributions of cash and marketable securities	19a	205,000	
	b	Distributions of other property	19b		
	20a	Investment income	20a	3,640	
b	Investment expenses	20b			
c	Other items and amounts (attach statement)				



**Analysis of Net Income (Loss)**

<b>1</b>	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l					<b>1</b>	
<b>2</b>	Analysis by partner type:						
	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
<b>a</b>	General partners			19,661			
<b>b</b>	Limited partners	471,859					

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
<b>Assets</b>		(a)	(b)	(c)	(d)
<b>1</b>	Cash		37,529		0
<b>2a</b>	Trade notes and accounts receivable	26,792		48,310	
<b>b</b>	Less allowance for bad debts		26,792		48,310
<b>3</b>	Inventories				
<b>4</b>	U.S. government obligations				
<b>5</b>	Tax-exempt securities				
<b>6</b>	Other current assets (attach statement)		275,872		301,872
<b>7</b>	Mortgage and real estate loans				
<b>8</b>	Other investments (attach statement)				
<b>9a</b>	Buildings and other depreciable assets	3,265,833		3,275,566	
<b>b</b>	Less accumulated depreciation	90,812	2,359,021	944,543	2,281,023
<b>10a</b>	Depletable assets				
<b>b</b>	Less accumulated depletion				
<b>11</b>	Land (net of any amortization)				
<b>12a</b>	Intangible assets (amortizable only)	9,528			
<b>b</b>	Less accumulated amortization	7,683	1,845		
<b>13</b>	Other assets (attach statement)				
<b>14</b>	Total assets		2,701,059		2,631,205
<b>Liabilities and Capital</b>					
<b>15</b>	Accounts payable		149		9,543
<b>16</b>	Mortgages, notes, bonds payable in less than 1 year		188,199		180,516
<b>17</b>	Other current liabilities (attach statement)		15,877		
<b>18</b>	All nonrecourse loans				
<b>19</b>	Mortgages, notes, bonds payable in 1 year or more		621,712		256,139
<b>20</b>	Other liabilities (attach statement)		59,180		92,799
<b>21</b>	Partners' capital accounts		1,815,942		2,092,208
<b>22</b>	Total liabilities and capital		2,701,059		2,631,205

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

<b>1</b>	Net income (loss) per books	481,266	<b>6</b>	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
<b>2</b>	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		<b>a</b>	Tax-exempt interest \$	12,618
<b>3</b>	Guaranteed payments (other than health insurance)		<b>7</b>	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
<b>4</b>	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		<b>a</b>	Depreciation \$	
<b>a</b>	Depreciation \$				
<b>b</b>	Travel and entertainment \$		<b>8</b>	Add lines 6 and 7	12,618
	22,872	22,872	<b>9</b>	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	491,520
<b>5</b>	Add lines 1 through 4				

**Schedule M-2 Analysis of Partners' Capital Accounts**

<b>1</b>	Balance at beginning of year	1,815,942	<b>6</b>	Distributions: <b>a</b> Cash	205,000
<b>2</b>	Capital contributed: <b>a</b> Cash		<b>b</b> Property		
	<b>b</b> Property		<b>7</b>	Other decreases (itemize):	
<b>3</b>	Net income (loss) per books	481,266			
<b>4</b>	Other increases (itemize):		<b>8</b>	Add lines 6 and 7	205,000
			<b>9</b>	Balance at end of year. Subtract line 8 from line 5	2,092,208
<b>5</b>	Add lines 1 through 4	2,297,208			

**Rental Real Estate Income and Expenses of a  
Partnership or an S Corporation**

► See instructions on back.  
► Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name

**BRIDGER INDUSTRIAL PARK LP**

Employer identification number

**1** Show the kind and location of each property. See page 2 to list additional properties.

**A** **COMMERCIAL BUILDING**  
**BOZEMAN, MT**

**B** -----

**C** -----

**D** -----

		Properties							
Rental Real Estate Income		A		B		C		D	
<b>2</b>	Gross rents . . . . .	<b>2</b>	831,856						
<b>Rental Real Estate Expenses</b>									
<b>3</b>	Advertising . . . . .	<b>3</b>							
<b>4</b>	Auto and travel . . . . .	<b>4</b>							
<b>5</b>	Cleaning and maintenance . . . . .	<b>5</b>							
<b>6</b>	Commissions . . . . .	<b>6</b>	15,256						
<b>7</b>	Insurance . . . . .	<b>7</b>	24,854						
<b>8</b>	Legal and other professional fees . . . . .	<b>8</b>	1,120						
<b>9</b>	Interest . . . . .	<b>9</b>	18,303						
<b>10</b>	Repairs . . . . .	<b>10</b>	21,711						
<b>11</b>	Taxes . . . . .	<b>11</b>	48,141						
<b>12</b>	Utilities . . . . .	<b>12</b>	608						
<b>13</b>	Wages and salaries . . . . .	<b>13</b>							
<b>14</b>	Depreciation (see instructions) . . . . .	<b>14</b>	87,731						
<b>15</b>	Other (list) ► <b>STMT 11</b> . . . . .		124,252						
	-----	<b>15</b>							
	-----								
<b>16</b>	Total expenses for each property. Add lines 3 through 15 . . . . .	<b>16</b>	341,976						
<b>17</b>	Total gross rents. Add gross rents from line 2, columns A through H . . . . .	<b>17</b>	831,856						
<b>18</b>	Total expenses. Add total expenses from line 16, columns A through H . . . . .	<b>18</b>	( 341,976 )						
<b>19</b>	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities . . . . .	<b>19</b>							
<b>20a</b>	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1) . . . . .	<b>20a</b>							
<b>b</b>	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:								
	(1) Name . . . . . (2) Employer identification number . . . . .								
	-----								
	-----								
	-----								
<b>21</b>	Net rental real estate income (loss). Combine lines 17 through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4	<b>21</b>	489,880						

**1** Show the kind and location of each property.

**E** .....

**F** .....

**G** .....

**H** .....

		Properties			
		E	F	G	H
<b>Rental Real Estate Income</b>					
<b>2</b> Gross rents . . . . .	<b>2</b>				
<b>Rental Real Estate Expenses</b>					
<b>3</b> Advertising . . . . .	<b>3</b>				
<b>4</b> Auto and travel . . . . .	<b>4</b>				
<b>5</b> Cleaning and maintenance . . . . .	<b>5</b>				
<b>6</b> Commissions . . . . .	<b>6</b>				
<b>7</b> Insurance . . . . .	<b>7</b>				
<b>8</b> Legal and other professional fees . . . . .	<b>8</b>				
<b>9</b> Interest . . . . .	<b>9</b>				
<b>10</b> Repairs . . . . .	<b>10</b>				
<b>11</b> Taxes . . . . .	<b>11</b>				
<b>12</b> Utilities . . . . .	<b>12</b>				
<b>13</b> Wages and salaries . . . . .	<b>13</b>				
<b>14</b> Depreciation (see instructions)	<b>14</b>				
<b>15</b> Other (list) ▶ .....	<b>15</b>				
.....					
.....					
<b>16</b> Total expenses for each property. Add lines 3 through 15 . . . . .	<b>16</b>				

## Instructions

Section references are to the Internal Revenue Code.

### What's New

The IRS will revise this December 2006 version of Form 8825 only when necessary. Continue to use this version of the form for tax years beginning after 2006 until a new revision is issued.

**Purpose of form.** Partnerships and S corporations use Form 8825 to report income and deductible expenses from rental real estate activities, including net income (loss) from rental real estate activities that flow through from partnerships, estates, or trusts.

Before completing this form, be sure to read:

- **Passive Activity Limitations** in the instructions for Form 1065 or Form 1120S, or **Passive Loss Limitation Activities** in the instructions for Form 1065-B, especially for the definition of "rental activity."

- **Extraterritorial Income Exclusion** in the instructions for Form 1065, 1065-B, or 1120S.

**Specific Instructions.** Form 8825 provides space for up to eight properties. If there are more than eight properties, attach additional Forms 8825.

The number of columns to be used for reporting income and expenses on this form may differ from the number of rental real estate activities the partnership or S corporation has for purposes of the passive activity limitations. For example, a partnership owns two apartment buildings, each located in a different city. For purposes of the passive activity limitations, the partnership grouped both buildings into a single activity. Although the partnership has only one rental real estate activity for purposes of the

passive activity limitations, it must report the income and deductions for each building in separate columns.

However, if the partnership or S corporation has more than one rental real estate activity for purposes of the passive activity limitations, attach a statement to Schedule K that reports the net income (loss) for each separate activity. Also, attach a statement to each Schedule K-1 that reports each partner's or shareholder's share of the net income (loss) by separate activity (except for limited partners in an electing large partnership). See **Passive Activity Reporting Requirements** in the instructions for Form 1065, Form 1065-B, or Form 1120S for additional information that must be provided for each activity.

Complete lines 1 through 16 for each property. But complete lines 17 through 21 on only one Form 8825. The figures on lines 17 and 18 should be the combined totals for all forms.

**Do not** report on Form 8825 any:

- Income or deductions from a trade or business activity or a rental activity other than rental real estate. These items are reported elsewhere.
- Portfolio income or deductions.
- Section 179 expense deduction.
- Other items that must be reported separately to the partners or shareholders.
- Commercial revitalization deductions.

**Line 1.** Show the kind of property rented out (for example, "apartment building"). Give the street address, city or town, and state.

**Line 14.** The partnership or S corporation may claim a depreciation deduction each year for

rental property (except for land, which is not depreciable). If the partnership or S corporation placed property in service during the current tax year or claimed depreciation on any vehicle or other listed property, complete and attach Form 4562, Depreciation and Amortization. See Form 4562 and its instructions to figure the depreciation deduction.

**Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 6 hr., 27 min.; Learning about the law or the form, 34 min.; Preparing the form, 1 hr., 37 min.; Copying, assembling, and sending the form to the IRS, 16 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

**2009**Attachment  
Sequence No. **67**

Name(s) shown on return

BRIDGER INDUSTRIAL PARK LP

Business or activity to which this form relates

COMMERCIAL BUILDING

Identifying number

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . .	5	
6	(a) Description of property . . . . .	(b) Cost (business use only) . . . . .	(c) Elected cost . . . . .
7	Listed property. Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562 . . . . .	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009 . . . . .	17	87,367
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		1,210	7.0	HY	200DB	173
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	2/15	8,524	39 yrs.	MM	S/L	191
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions . . . . .	22	87,731
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2009)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2009 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2009 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

## BRIDGER INDUSTRIAL PARK LP

SCHEDULE K	NET INCOME (LOSS) FROM RENTAL REAL ESTATE	STATEMENT	1
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DESCRIPTION	AMOUNT
COMMERCIAL BUILDING	489,880.
TOTAL TO SCHEDULE K, LINE 2	489,880.

SCHEDULE K	INTEREST INCOME	STATEMENT	2
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DESCRIPTION	U.S. BONDS	OTHER
FINANCE CHARGE INCOME		3,640.
TOTAL TO SCHEDULE K, LINE 5		3,640.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT	3
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DESCRIPTION	TYPE	AMOUNT
CASH	CASH (50%)	2,000.
TOTALS TO SCHEDULE K, LINE 13A		2,000.

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT	4
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DESCRIPTION	AMOUNT
LIFE INSURANCE	22,872.
TOTAL TO SCHEDULE K, LINE 18C	22,872.

SCHEDULE K	OTHER ITEMS	STATEMENT	5
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DESCRIPTION	AMOUNT
FED ESTIMATED TAX PYMT-12/21/2007	3,500.
MT ESTIMATED TAX PYMT-12/21/2007	600.
FED ESTIMATED TAX PYMT-12/21/2007	87,500.
MT ESTIMATED TAX PYMT-12/21/2007	15,000.
FED ESTIMATED TAX PYMT-12/21/2007	28,000.
MT ESTIMATED TAX PYMT-12/21/2007	4,800.

## BRIDGER INDUSTRIAL PARK LP

FED ESTIMATED TAX PYMT-12/21/2007	14,000.
MT ESTIMATED TAX PYMT-12/21/2007	2,400.
FED ESTIMATED TAX PYMT-12/21/2007	14,000.
MT ESTIMATED TAX PYMT-12/21/2007	2,400.
FED ESTIMATED TAX PYMT-12/21/2007	14,000.
MT ESTIMATED TAX PYMT-12/21/2007	2,400.
FED ESTIMATED TAX PYMT-12/21/2007	14,000.
MT ESTIMATED TAX PYMT-12/21/2007	4,800.

SCHEDULE L	OTHER CURRENT ASSETS	STATEMENT	6
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM BELGRADE CASINO	8,000.	8,000.
DUE FROM C-L AIRPORT ROAD	10,000.	18,000.
DUE FROM COUGAR PARK	25,182.	25,182.
DUE FROM SHEDHORN	232,690.	232,690.
DUE FROM C-L INVESTMENTS	0.	18,000.
TOTAL TO SCHEDULE L, LINE 6	275,872.	301,872.

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	7
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID RENTS	15,877.	0.
TOTAL TO SCHEDULE L, LINE 17	15,877.	0.

SCHEDULE L	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
SECURITY DEPOSITS	59,180.	66,035.
DUE TO GENE COOK		11,059.
DUE TO BELGRADE COMMERCIAL PROP		15,705.
TOTAL TO SCHEDULE L, LINE 20	59,180.	92,799.

BRIDGER INDUSTRIAL PARK LP

SCHEDULE M-1 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN STATEMENT 9

DESCRIPTION	AMOUNT
LIFE INSURANCE	22,872.
TOTAL TO SCHEDULE M-1, LINE 4	22,872.

SCHEDULE M-1 INCOME RECORDED ON BOOKS NOT INCLUDED ON RETURN STATEMENT 10

DESCRIPTION	AMOUNT
ACCRUAL TO CASH CONVERSION	12,618.
TOTAL TO SCHEDULE M-1, LINE 6	12,618.

OTHER RENTAL EXPENSES STATEMENT 11

PROPERTY: COMMERCIAL BUILDING  
BOZEMAN, MT

DESCRIPTION	AMOUNT
AMORTIZATION	1,746.
BANK CHARGES	174.
COMMON AREA COSTS	29,311.
MANAGEMENT FEES	57,905.
SUPPLIES	148.
RENTS - REAL PROPERTY	34,968.
OUTSIDE SERVICES	
POSTAGE	
EQUIPMENT RENT	
TOTAL TO RENTAL SCHEDULE, LINE 15	124,252.



**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2009**

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Bridger industrial Park LP**  
**1276 N 15th Ave, Suite 103**  
**Bozeman, MT 59715**

**C** IRS Center where partnership filed return

**Ogden, UT**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**Gene Cook**  
**1276 N 15th Ave, Suite 103**  
**Bozeman, MT 59715**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **Individual**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending
Profit	48.00000000 %		48.00000000 %
Loss	48.00000000 %		48.00000000 %
Capital	48.00000000 %		48.00000000 %

**K** Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	269,499

**L** Partner's capital account analysis:

Beginning capital account	\$	868,923.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	231,008.
Withdrawals & distributions	\$	(98,400.)
Ending capital account	\$	1,001,531.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement. (see instructions)

☐ Final K-1

☐ Amended K-1

651109  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b> Collectibles (28%) gain (loss)	<b>A</b> 1,406.
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b> Other income (loss)	<b>C*</b> 10,978.
	<b>19</b> Distributions
<b>12</b> Section 179 deduction	<b>A</b> 98,400.
<b>13</b> Other deductions	
<b>A</b> 960.	<b>20</b> Other information
	<b>A</b> 1,747.
	<b>W*</b> STMT
<b>14</b> Self-employment earnings (loss)	
<b>A</b> 0.	

\*See attached statement for additional information.

For IRS Use Only

BRIDGER INDUSTRIAL PARK LP

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIFE INSURANCE		10,978.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		10,978.

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE W

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
FED ESTIMATED TAX PYMT-12/21/2007		87,500.
MT ESTIMATED TAX PYMT-12/21/2007		15,000.

**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**2009**

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Bridger Industrial Park LP**  
**1276 N 15th Ave, Suite 103**  
**Bozeman, MT 59715**

**C** IRS Center where partnership filed return  
**Ogden, UT**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**Carl Lehrkind, IV**  
**PO Box 10580**  
**Bozeman, MT 59719-0580**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **Individual**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	16.00000000 %	16.00000000 %
Loss	16.00000000 %	16.00000000 %
Capital	16.00000000 %	16.00000000 %

**K** Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

**L** Partner's capital account analysis:

Beginning capital account	\$	290,724.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	77,001.
Withdrawals & distributions	\$	(32,800.)
Ending capital account	\$	334,925.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	<b>16</b> Foreign transactions
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b> Collectibles (28%) gain (loss)	<b>A</b> 469.
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b> Other income (loss)	<b>C*</b> 3,660.
	<b>19</b> Distributions
<b>12</b> Section 179 deduction	<b>A</b> 32,800.
<b>13</b> Other deductions	
<b>A</b> 320.	<b>20</b> Other information
	<b>A</b> 582.
	<b>W*</b> STMT
<b>14</b> Self-employment earnings (loss)	
<b>A</b> 0.	

\*See attached statement for additional information.

For IRS Use Only

BRIDGER INDUSTRIAL PARK LP

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIFE INSURANCE		3,660.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		3,660.

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE W

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
FED ESTIMATED TAX PYMT-12/21/2007		28,000.
MT ESTIMATED TAX PYMT-12/21/2007		4,800.

**Schedule K-1  
(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2009**

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Bridger Industrial Park LP**  
**1276 N 15th Ave, Suite 103**  
**Bozeman, MT 59715**

**C** IRS Center where partnership filed return  
**Ogden, UT**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**Lori Filippini**  
**308 Price Road**  
**Three Forks, MT 59752**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **Individual**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending	
Profit	8.00000000	%	8.00000000	%
Loss	8.00000000	%	8.00000000	%
Capital	8.00000000	%	8.00000000	%

**K** Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_  
Qualified nonrecourse financing . . . \$ \_\_\_\_\_  
Recourse . . . . . \$ **0.**

**L** Partner's capital account analysis:

Beginning capital account . . . . \$ **145,364.**  
Capital contributed during the year . . . \$ \_\_\_\_\_  
Current year increase (decrease) . . . \$ **38,502.**  
Withdrawals & distributions . . . \$ **(16,400.)**  
Ending capital account . . . . . \$ **167,466**

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b> Collectibles (28%) gain (loss)	<b>A</b> <b>234.</b>
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b> Other income (loss)	<b>C*</b> <b>1,830.</b>
	<b>19</b> Distributions
<b>12</b> Section 179 deduction	<b>A</b> <b>16,400.</b>
<b>13</b> Other deductions	
<b>A</b> <b>160.</b>	<b>20</b> Other information
	<b>A</b> <b>291.</b>
	<b>W*</b> <b>STMT</b>
<b>14</b> Self-employment earnings (loss)	
<b>A</b> <b>0.</b>	

\*See attached statement for additional information.

For IRS Use Only

BRIDGER INDUSTRIAL PARK LP

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIFE INSURANCE		1,830.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,830.

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE W

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
FED ESTIMATED TAX PYMT-12/21/2007		14,000.
MT ESTIMATED TAX PYMT-12/21/2007		2,400.

**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2009**

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Bridger Industrial Park LP**  
**1276 N 15th Ave, Suite 103**  
**Bozeman, MT 59715**

**C** IRS Center where partnership filed return

**Ogden, UT**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**Vincent Filippini**  
**308 Price Road**  
**Three Forks, MT 59752**

**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **Individual**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending
Profit	8.00000000 %		8.00000000 %
Loss	8.00000000 %		8.00000000 %
Capital	8.00000000 %		8.00000000 %

**K** Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

**L** Partner's capital account analysis:

Beginning capital account	\$	145,366
Capital contributed during the year	\$	
Current year increase (decrease)	\$	38,502.
Withdrawals & distributions	\$	(16,400.)
Ending capital account	\$	167,468.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b> Collectibles (28%) gain (loss)	<b>A</b> 234.
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b> Other income (loss)	<b>C*</b> 1,829.
	<b>19</b> Distributions
<b>12</b> Section 179 deduction	<b>A</b> 16,400.
<b>13</b> Other deductions	
<b>A</b> 160.	<b>20</b> Other information
	<b>A</b> 292.
	<b>W*</b> STMT
<b>14</b> Self-employment earnings (loss)	
<b>A</b> 0.	

\*See attached statement for additional information.

For IRS Use Only

BRIDGER INDUSTRIAL PARK LP

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIFE INSURANCE		1,829.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,829.

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE W

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
FED ESTIMATED TAX PYMT-12/21/2007		14,000.
MT ESTIMATED TAX PYMT-12/21/2007		2,400.



Schedule K-1  
(Form 1065)

Department of the Treasury  
Internal Revenue Service

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

2009

Partner's Share of Income, Deductions,  
Credits, etc.

► See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number

B Partnership's name, address, city, state, and ZIP code

Bridger industrial Park LP  
1276 N 15th Ave, Suite 103  
Bozeman, MT 59715

C IRS Center where partnership filed return

Ogden, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number

F Partner's name, address, city, state, and ZIP code

Lisa Edwards  
3622 Fieldstone Drive West  
Bozeman, MT 59715

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H ☒ Domestic partner ☐ Foreign partner

I What type of entity is this partner? Individual

J Partner's share of profit, loss, and capital (see instructions):

	Beginning		Ending
Profit	8.00000000 %		8.00000000 %
Loss	8.00000000 %		8.00000000 %
Capital	8.00000000 %		8.00000000 %

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

L Partner's capital account analysis:

Beginning capital account	\$	145,364.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	38,502.
Withdrawals & distributions	\$ (	16,400.)
Ending capital account	\$	167,466.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0099

651109

Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	0.		
2	Net rental real estate income (loss)		
	39,191.		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
	291.		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
		A	235.
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)	C*	1,830.
		19	Distributions
12	Section 179 deduction	A	16,400.
13	Other deductions		
A	160.	20	Other information
		A	291.
		W*	STMT
14	Self-employment earnings (loss)		
A	0.		

\*See attached statement for additional information.

For IRS Use Only

**BRIDGER INDUSTRIAL PARK LP**

**SCHEDULE K-1                      NONDEDUCTIBLE EXPENSES, BOX 18, CODE C**

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
LIFE INSURANCE		1,830.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,830.

**SCHEDULE K-1                      OTHER INFORMATION, BOX 20, CODE W**

<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
FED ESTIMATED TAX PYMT-12/21/2007		14,000.
4T ESTIMATED TAX PYMT-12/21/2007		2,400.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Schedule K-1  
(Form 1065)****2009**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_**Partner's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

<b>Part I Information About the Partnership</b>	
<b>A</b> Partnership's employer identification number	
<b>B</b> Partnership's name, address, city, state, and ZIP code <b>Bridger industrial Park LP</b> <b>1276 N 15th Ave, Suite 103</b> <b>Bozeman, MT 59715</b>	
<b>C</b> IRS Center where partnership filed return <b>Ogden, UT</b>	
<b>D</b> <input type="checkbox"/> Check if this is a publicly traded partnership (PTP)	
<b>Part II Information About the Partner</b>	
<b>E</b> Partner's identifying number	
<b>F</b> Partner's name, address, city, state, and ZIP code <b>Lance Edwards</b> <b>3622 Fieldstone Drive West</b> <b>Bozeman, MT 59715</b>	
<b>G</b> <input type="checkbox"/> General partner or LLC member-manager <input checked="" type="checkbox"/> Limited partner or other LLC member	
<b>H</b> <input checked="" type="checkbox"/> Domestic partner <input type="checkbox"/> Foreign partner	
<b>I</b> What type of entity is this partner? <u>Individual</u>	
<b>J</b> Partner's share of profit, loss, and capital (see instructions):	
<b>Beginning</b>	<b>Ending</b>
Profit <u>8.00000000</u> %	8.00000000 %
Loss <u>8.00000000</u> %	8.00000000 %
Capital <u>8.00000000</u> %	8.00000000 %
<b>K</b> Partner's share of liabilities at year end:	
Nonrecourse . . . . . \$ _____	
Qualified nonrecourse financing . . . \$ _____	
Recourse . . . . . \$ <u>0.</u>	
<b>L</b> Partner's capital account analysis:	
Beginning capital account . . . . \$ <u>145,363.</u>	
Capital contributed during the year \$ _____	
Current year increase (decrease) . . \$ <u>38,500.</u>	
Withdrawals & distributions . . . \$ ( <u>16,400.</u> )	
Ending capital account . . . . . \$ <u>167,463.</u>	
<input checked="" type="checkbox"/> Tax basis <input type="checkbox"/> GAAP <input type="checkbox"/> Section 704(b) book	
<input type="checkbox"/> Other (explain)	
<b>M</b> Did the partner contribute property with a built-in gain or loss?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", attach statement (see instructions)	

<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>	
<b>1</b> Ordinary business income (loss) <u>0.</u>	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss) <u>39,190.</u>	
<b>3</b> Other net rental income (loss)	<b>16</b> Foreign transactions
<b>4</b> Guaranteed payments	
<b>5</b> Interest income <u>291.</u>	
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items <b>A</b> <u>235.</u>
<b>9b</b> Collectibles (28%) gain (loss)	
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses <b>C*</b>
<b>11</b> Other income (loss)	<u>1,830.</u>
<b>12</b> Section 179 deduction	<b>19</b> Distributions <b>A</b> <u>16,400.</u>
<b>13</b> Other deductions <b>A</b> <u>160.</u>	<b>20</b> Other information <b>A</b> <u>291.</u>
<b>14</b> Self-employment earnings (loss) <b>A</b> <u>0.</u>	<b>W*</b> <b>STMT</b>
*See attached statement for additional information.	
For IRS Use Only	

BRIDGER INDUSTRIAL PARK LP

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIFE INSURANCE		1,830.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		1,830.

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE W

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
FED ESTIMATED TAX PYMT-12/21/2007		14,000.
MT ESTIMATED TAX PYMT-12/21/2007		<del>2,400</del> 4,800.

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Schedule K-1  
(Form 1065)****2009**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_**Partner's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number**B** Partnership's name, address, city, state, and ZIP code**Bridger industrial Park LP**  
1276 N 15th Ave, Suite 103  
Bozeman, MT 59715**C** IRS Center where partnership filed return  
**Ogden, UT****D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number**F** Partner's name, address, city, state, and ZIP code**G&M enterprises, LLC**  
1276 N 15th Ave Suite 103  
Bozeman, MT 59715**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I** What type of entity is this partner? **Partnership****J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	2.00000000 %	2.00000000 %
Loss	2.00000000 %	2.00000000 %
Capital	2.00000000 %	2.00000000 %

**K** Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	269,499

**L** Partner's capital account analysis:

Beginning capital account	\$	38,499
Capital contributed during the year	\$	
Current year increase (decrease)	\$	9,626
Withdrawals & distributions	\$	(4,100)
Ending capital account	\$	44,025

☐ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)
**M** Did the partner contribute property with a built-in gain or loss?☐ Yes ☐ No

If "Yes", attach statement (see instructions)

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss)	
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items
<b>9b</b> Collectibles (28%) gain (loss)	<b>A</b> 59.
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses
<b>11</b> Other income (loss)	<b>C*</b> 457.
<b>12</b> Section 179 deduction	<b>19</b> Distributions
<b>13</b> Other deductions	<b>A</b> 4,100.
<b>A</b> 40.	<b>20</b> Other information
	<b>A</b> 73.
<b>14</b> Self-employment earnings (loss)	
<b>A</b> 0.	

\*See attached statement for additional information.

For IRS Use Only

BRIDGER INDUSTRIAL PARK LP

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIFE INSURANCE		457.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		457.

**Schedule K-1**  
**(Form 1065)**

Department of the Treasury  
Internal Revenue Service

**2009**

For calendar year 2009, or tax  
year beginning \_\_\_\_\_, 2009  
ending \_\_\_\_\_, 20\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

► See back of form and separate instructions.

**Part I Information About the Partnership**

**A** Partnership's employer identification number

**B** Partnership's name, address, city, state, and ZIP code

**Bridger Industrial Park, LP**  
**1276 N 15th Ave, Suite 103**  
**Bozeman, MT 59715**

**C** IRS Center where partnership filed return  
**Ogden, UT**

**D** ☐ Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

**E** Partner's identifying number

**F** Partner's name, address, city, state, and ZIP code

**Lehrkind Properties, LLP**  
**PO Box 10580**  
**Bozeman, MT 59719**

**G** ☒ General partner or LLC member-manager ☐ Limited partner or other LLC member

**H** ☒ Domestic partner ☐ Foreign partner

**I** What type of entity is this partner? **Partnership**

**J** Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	2.0000000 %	2.0000000 %
Loss	2.0000000 %	2.0000000 %
Capital	2.0000000 %	2.0000000 %

**K** Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	269,499

**L** Partner's capital account analysis:

Beginning capital account	\$	36,339
Capital contributed during the year	\$	
Current year increase (decrease)	\$	9,625
Withdrawals & distributions	\$	(4,100)
Ending capital account	\$	41,864

☐ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain)

**M** Did the partner contribute property with a built-in gain or loss?

☐ Yes ☐ No

If "Yes", attach statement (see instructions)

☐ Final K-1

☐ Amended K-1

651109  
OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
<b>2</b> Net rental real estate income (loss) 9,797	
<b>3</b> Other net rental income (loss)	<b>16</b> Foreign transactions
<b>4</b> Guaranteed payments	
<b>5</b> Interest income 73	
<b>6a</b> Ordinary dividends	
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	
<b>8</b> Net short-term capital gain (loss)	
<b>9a</b> Net long-term capital gain (loss)	<b>17</b> Alternative minimum tax (AMT) items A 58
<b>9b</b> Collectibles (28%) gain (loss)	
<b>9c</b> Unrecaptured section 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>18</b> Tax-exempt income and nondeductible expenses C* 458
<b>11</b> Other income (loss)	
	<b>19</b> Distributions
<b>12</b> Section 179 deduction	
<b>13</b> Other deductions A 40	<b>20</b> Other information A 73
	<b>W*</b> STMT
<b>14</b> Self-employment earnings (loss)	

\*See attached statement for additional information.

For IRS Use Only

BRIDGER INDUSTRIAL PARK LP

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
LIFE INSURANCE		458.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		458.

SCHEDULE K-1 OTHER INFORMATION, BOX 20, CODE W

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
FED ESTIMATED TAX PYMT-12/21/2007		3,500.
MT ESTIMATED TAX PYMT-12/21/2007		600.